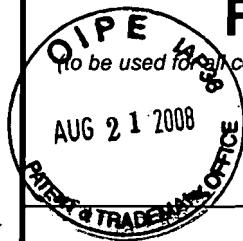


FDAC

TRANSMITTAL FORM

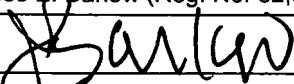


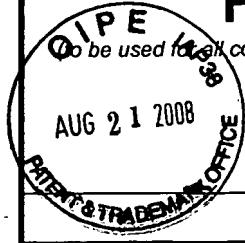
TRANSMITTAL FORM <small>No be used for all correspondence after initial filing</small> AUG 21 2008 <small>U.S. PATENT & TRADEMARK OFFICE</small>	Application Number	10/564,442
	Filing Date	January 12, 2006
	First Named Inventor	HASEGAWA
	Group Art Unit	3724
	Examiner Name	ELEY, Timothy V
	Attorney Docket Number	36-007-TN

ENCLOSURES (check all that apply)

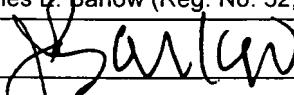
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <small>(for an Application)</small> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input checked="" type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <small>(Appeal Notice, Brief, Reply Brief)</small> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <small>(please identify below):</small> <input checked="" type="checkbox"/> Request for Certificate of Correction <input checked="" type="checkbox"/> Certificate of Correction
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC James E. Barlow (Reg. No. 32,377)
Signature	
Date	August 21, 2008

TRANSMITTAL FORM		Application Number	10/564,442
		Filing Date	January 12, 2006
		First Named Inventor	HASEGAWA
		Group Art Unit	3724
		Examiner Name	ELEY, Timothy V
	Attorney Docket Number	36-007-TN	

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)	<input checked="" type="checkbox"/> After Allowance Communication to Group	
	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter	
	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Request for Certificate of Correction	
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of Correction	
	<input type="checkbox"/> Small Entity Statement		
	<input type="checkbox"/> Request of Refund		
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Posz Law Group, PLC James E. Barlow (Reg. No. 32,377)		
Signature			
Date	August 21, 2008		



PTO/SB/17
OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 230	Attorney Docket No.	36-007-TN
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	\$1,000
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = **0** x **\$50** = **\$0**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = **0** x **\$200** = **\$0**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Certificate of Correction Fee (\$100) and Petition Fee (\$130)**

\$230

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,377	Telephone (703) 707-9110
Name (Print/Type)	James E. Barlow	Date	August 21, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant Claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	10/564,442
Filing Date	July 01, 2008
First Named Inventor	HASEGAWA
Examiner Name	ELEY, Timothy V
Art Unit	3724
TOTAL AMOUNT OF PAYMENT	(\$ 230)
Attorney Docket No.	36-007-TN

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	\$1,000
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	50
Fee (\$)	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x \$50	= \$0		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x \$200	= \$0		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

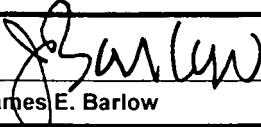
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Certificate of Correction Fee (\$100) and Petition Fee (\$130) \$230

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,377	Telephone	(703) 707-9110
Name (Print/Type)	James E. Barlow			Date	August 21, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): HASEGAWA

Serial No.: 10/564,442

Filed: 01/12/2006

Title: HANDLE FOR SCISSORS



Atty. Dkt.: 36-007-TN

Group Art Unit: 3724

Examiner: ELEY, TIMOTHY V.

Patent No.: 7,392,587

Issued: July 1, 2008

Commissioner for Patents

Alexandria, VA 22313-1450

Mail Stop: Certificate of Corrections

Date: August 21, 2008

Sir:

Applicants hereby request that the above-identified Letters Patent be corrected to correct the Assignee in item (73) on the first page of the patent. Specifically, the Letters Patent should be corrected to read as:

Assignee: KAI R&D CENTER CO., LTD., Gifu-ken, Japan

Applicants also request that the attached Certificate of Correction be attached to all copies of the Letters Patent.

Enclosed please find a check for \$230 to cover the fee set forth in 37 CFR 1.323 and petition fee.

Once the present Request is granted, please forward the present file to the Certificate of Corrections Branch for issuance of a Certificate of Correction, a copy of which is attached. Authorization is hereby given to charge any fee deficiencies or credit any overpayment to Deposit Account 50-1147.

Respectfully submitted,

James E. Barlow
Reg. No. 32,377

JEB/moa

Posz Law Group, PLC
12040 South Lakes Drive, Suite 101
Reston, VA 20191
(703)707-9110 (phone)
Customer No. 23400

08/22/2008 JA0001 00000020 7392587

01 FC:1811
02 FC:1464

100.00 OP
130.00 OP

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO: 7,392,587

DATED: July 1, 2008

INVENTOR(S): HASEGAWA

It is certified that an error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title Page

Correct the Assignee (item 73) of the original Letters Patent to read as:

(73) Assignee: KAI R&D CENTER CO., LTD., Gifu-ken, Japan

MAILING ADDRESS OF SENDER:

Posz Law Group, PLC
12040 South Lakes Drive, Suite 101
Reston, VA 20191
(703)707-9110 (phone)
Customer No. 23400

PATENT NO: 7,392,587